

Appendix no. 3 to By-laws of undertaking and financing actions under the Support Fund for the Disabled targeted at creating conditions for their full participation in the process of university recruitment to obtain education, education and conduct of scientific activities at the Medical University of Silesia , Katowice, Poland

.....  
 First name and surname of the student/doctoral student or employee

.....  
 Index number (in case of students/doctoral students)/employee identification number

.....  
 First name and surname of the assistant/telephone number

**SCHEDULE OF ASSISTANT’S SUPPORT**

in the period .....

for the month/months .....

| <b>NO.</b> | <b>Date of conducting assistance (DD/MM/YYYY)</b> | <b>Times of conducting assistance (to-from)</b> | <b>Type of assistance</b> | <b>Place of conduct of assistance</b> | <b>Signature of the student/doctoral student or employee</b> |
|------------|---|---|---------------------------|---------------------------------------|--|
| 1.         |   |   |                           |                                       |  |
| 2.         |   |   |                           |                                       |  |
| 3.         |   |   |                           |                                       |  |
| 4.         |   |   |                           |                                       |  |
| 5.         |   |   |                           |                                       |  |
| 6.         |   |   |                           |                                       |  |

I declare, under the pain of penal liability, that all data contained in the hereby schedule are compliant with the factual state.

.....

*Date, legible signature of the Applicant*

.....

*Date, eligible signature of the student/doctoral student or employee*

.....

*Date of acceptance of the schedule and signature of the Proxy of the Rector for Accessibility.*